



Examiner : Tim M. McGuthry Banks
Art Unit : 1793
Docket No.: 52433/789
Conf. No. : 8919

FW AF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : H. ICHIKAWA et al.
Serial No. : 10/527,809
Filed : November 9, 2005
For : METHOD OF REDUCTION TREATMENT OF METAL OXIDES OR
STEELMAKING WASTE AND METHOD OF CONCENTRATING AND
RECOVERING ZINC AND/OR LEAD

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

SIR:

Transmitted herewith is an Amendment/Response in the above-identified patent application.

No additional fee is required.

The fee has been calculated as shown below.

SMALL ENTITY						OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDET. OR FEE	RATE	ADDET. OR FEE		
TOTAL	24	MINUS	30	= 0	x 26=	\$	x 50 =	\$ 0.00
INDEP.	4	MINUS	8	= 0	x100=	\$	x210 =	\$ 0.00
[X] FIRST PRESENTATION OF MULTIPLE				x 60=	\$	x370 =	\$ 0.00	
DEP. CLAIM				TOTAL ADDET. FEE		\$	OR	\$ 0.00

[X] The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 which may be required to Deposit Account 11-0600. A duplicate of this paper is enclosed.

[X] A petition for a one (1) month extension of time and Deposit Account authorization to cover the extension fee are enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 20, 2009.

John J. Kelly, Jr.
John J. Kelly, Jr. Reg. No. 29,182

John J. Kelly, Jr. Reg. No. 29,182

Respectfully submitted,

KENYON & KENYON LLP

By: John J. Kelly, Jr.
John J. Kelly, Jr.
Reg. No. 29,182



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CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	RATE x 26=	ADDIT. OR FEE	OTHER THAN A SMALL ENTITY	
				RATE x 50 =	ADDIT. FEE
TOTAL 24	MINUS 30 = 0	x 26= \$		x 50 = \$	0.00
INDEP. 4	MINUS 8 = 0	x100= \$		x210 = \$	0.00
[X] FIRST PRESENTATION OF MULTIPLE		x 60= \$ _____		x370 = \$ _____	0.00
DEP. CLAIM		TOTAL ADDIT. FEE \$ _____	OR	\$ _____	0.00

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